

Republic of the Philippines  
Department of Science and Technology  
**PHILIPPINE SCIENCE HIGH SCHOOL – MAIN CAMPUS**  
Agham Road, Diliman, Quezon City

**Medical Clinic**

**C O N S E N T**

In behalf of \_\_\_\_\_, of minor age and a student of the Philippine Science High School, I, \_\_\_\_\_ hereby voluntarily give my consent to the Philippine Science High School Medical Clinic to administer first aid treatment, as may be deemed necessary and/or advisable to his/her case, by the physician of the Philippine Science High School.

I, therefore, hereunder set my hand on this day \_\_\_\_\_ of \_\_\_\_\_, 2009.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

Address:

\_\_\_\_\_  
\_\_\_\_\_

Witnessed by:

\_\_\_\_\_  
\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_